




**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**




SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/	/				
3		/				
4	/					
5		/				
6		/				
7	/					
8		/				
9		/				
10	/					
11		/				
12		/				
13	/					
14		/				
15		/				
16	/					
17		/				
18		/				
19	/					
20		/				
21		/				
22	/					
23		/				
24		/				
25	/					
26		/				
27		/				
28		/				
29	/					
30		/				
31		/				
32		/				
33		/				
34	/					
35		/				
36		/				
37	/					
38		/				
39		/				
40	/					
41		/				
42		/				
43		/				
44	/					
45		/				
46		/				
47		/				
48		/				
49	/					
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		/				
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						